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JRN TO: D. Williams, M.D.	
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Department of Health	
Box 143102	
Lake City, UT 84114-3102	
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INPATIENT HOSPITAL Section 400 Adjustment for Disproportionate Share Hospitals (Continued)

schedule: These hospitals will be permitted a payment amount according to the following

\$611,294 (Plus percent increase in the sllotted DSH pool)	2008 & Succeeding Years
1/67,110\$	2007
Z0Z'0£V\$	9007
686,116\$	2005
671,88\$	¥00 7
OUALIFYING AMOUNT	KEVB

Any government-owned hospital that can demonstrate a level of uncompensated care that is at a minimum equal to these amounts may qualify. The exception to this is any hospital that has previously qualified for additional DSH payments under Section 419 of the State Plan. This exception will extend only through 2008 whereupon such hospitals will be permitted to participate in this program or in their existing programs, whichever is greater.

The actual yearly amounts available to each hospital will vary depending on the Federal Medical_Assistance Percentages (FMAP) rate in effect for the period involved and pending the amount of DSH funding available.

following:

- b. Each qualifying hospital will complete the annual uncompensated care and disproportionate share survey thereby documenting the level of uncompensated care they provide. This survey is developed and communicated by the Utah Department of Health.
- 2. The yearly payment amount will then be released in quarterly installments. This will be released by the Utah Department of Health (Medicaid).

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INPATIENT HOSPITAL Section 400 Adjustment for Disproportionate Share Hospitals (Continued)

413 Hospitals Deemed Disproportionate Share -- A hospital is deemed a disproportionate share provider if, in addition to meeting the obstetrical (Section 411) and the minimum utilization rate requirements (Section 412), it meets at least one of the following five conditions:

- A. The hospital's MIUR is at least one standard deviation above the mean MIUR. The disproportionate share computed percentage is based on the number of percentage points that an individual hospital indigent patient days exceeds the statewide average plus one standard deviation.
- B. The hospital's LIUR rate exceeds 25 percent.
- C. The hospital's MIUR exceeds 14 percent.
- D. The hospital's UMAP participation is at least 10 percent of total hospital UMAP patient care charges.
- E. Hospitals located in rural counties qualify because they are sole community hospitals. A sole community hospital is defined as a hospital that is located more than 29 miles from another hospital.

414 Payment Adjustment for General Acute Urban (excluding State Teaching Hospital and Children's Hospital) — General Acute Urban Hospitals (Paid by DRGs) and meeting the qualifying DSH criteria are paid a DSH amount on each inpatient claim. The DSH Factor is derived by dividing the indigent inpatient days by the total general acute days for each hospital and multiplying by a "ceiling factor". The "ceiling factor" is an artificial factor assigned to ensure that DSH payments do not exceed federal DSH limits. The resulting percentage (DSH Factor) is rounded to the nearest whole percent. The DSH payment amount is the product of the Medicaid DRG payment times the DSH factor.

415 Payment Adjustment for General Acute Rural — General Acute Rural Hospitals are paid at a DSH payment amount on each inpatient claim. The hospital must qualify based on the criteria shown in section 413 above. The DSH factor is derived by dividing the indigent patient days by the total general acute days for each hospital and multiplying by a "ceiling factor." The "ceiling factor" is an artificial factor assigned to ensure that DSH payments do not exceed federal DSH limits. The resulting percentage (DSH factor) is rounded to the nearest whole percent. The DSH payment amount is the product of the Medicaid payment times the DSH factor. Qualifying rural hospitals will be allowed to participate in a special DSH allotment set aside for government-owned rural hospitals.

		OCT	26	2004
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